

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTHInmate Name: Wright, Richard AIS# 187140 Date of Referral: 11-3-04

REASON FOR REFERRAL:

- ☐ CRISIS INTERVENTION (11-3-04)
☐ Family problem: Picking fights Non compliance - off meds
☐ Problems with other inmates: _____
☐ Recent stress: 3
☐ Other: _____

☐ EVALUATION OF MENTAL STATUS

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Anxious | <input type="checkbox"/> Physical complaints |
| <input type="checkbox"/> Homicidal | <input type="checkbox"/> Depressed | <input type="checkbox"/> Sleep disturbance |
| <input type="checkbox"/> Mutilative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hallucinations/delusions |
| <input checked="" type="checkbox"/> Hostile, angry | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Other inappropriate behavior: _____ | | |

☐ EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION☒ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER☐ OTHER: _____

COMMENTS:

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTO COPIEDReferred by: E. M. Williams, RN Phone Contact #: #119
☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Follow-Up by:

Date:

Inmate Name <u>Wright, Richard</u>	AIS #
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